

## Print Version-EP EHR Incentive Program (Ind)

Page 1

### Eligible Professional EHR Incentive-Individual

**Please use this pdf version of the survey solely as a reference, DO NOT MAIL in your survey responses. Survey responses will only be accepted if submitted through the online survey tool, all other responses will not be included in the final survey results.**

You have received this survey because you have been identified as a healthcare stakeholder with potential eligibility for participation in the Medicaid or Medicare Electronic Health Records (EHR) Incentive Program.

Eligibility for the EHR Incentive Program is detailed by the Centers for Medicare and Medicaid Services in the Electronic Health Record Incentive Program Proposed Rule. The EHR Incentive Program provides incentive payments to Eligible Professional that adopt, implement, or upgrade certified EHR technology and demonstrate meaningful use of the technology. We recognize the details of the proposed rule may change; however, we need to collect preliminary data that will be useful to the State for planning purposes.

The proposed rule is posted on the Federal Register, 42 CFR Parts 412, et al. Medicare and Medicaid Programs; Electronic Health Record Incentive Program Proposed Rule.  
<http://edocket.access.gpo.gov/2010/pdf/E9-31217.pdf>.

If you are unfamiliar with the rule or require additional information please visit <http://dhs.wisconsin.gov/ehealth/EHRincentiveprogram/index.htm>. If you would like to preview the survey to better understand the information being requested, a pdf version of the survey is provided as reference. Please use the pdf version of the survey solely as a reference, do not print and mail in your survey responses. Survey responses will only be accepted if submitted through the online survey tool, all other responses will not be included in the final survey results.

This survey is sponsored by the Wisconsin Department of Health Services (DHS) as part of the Wisconsin Medicaid Health Information Technology (HIT) Planning Project. Please answer the following questions to provide information on how likely you are to participate in the EHR incentive program.

The survey supplements the information received previously by the Wisconsin State-Level Health Information Exchange (HIE) Planning and Design Project. Results of this survey will help the State plan for the administration and operations of the Medicaid EHR Incentive Program and health information exchange.

Once you have collected your organization's data, the survey should take approximately 10-15 minutes to complete. Please complete it on or before May 14, 2010.

All survey responses will be kept confidential; results will only be communicated in an aggregate or anonymous form. Your participation is voluntary. If you have any questions or would like to provide direct feedback, please contact: [DHSEHRINCENTIVEPROGRAM@DHS.WI.GOV](mailto:DHSEHRINCENTIVEPROGRAM@DHS.WI.GOV)

This survey is intended for an individual provider. If you are a representative of a provider organization completing the survey on behalf of multiple providers within your organization, please copy the URL below into your browser to take the organization survey.

<https://doa.wi.gov/DHSSurveys/TakeSurvey.aspx?SurveyID=p2MI3p61>

## Print Version-EP EHR Incentive Program (Ind)

Page 2

### Demographic Information

Please provide your contact information.

1. Name\*

2. Title

3. Telephone Number\*

4. E-mail Address\*

5. Name of Organization/Practice\*

6. NPI

## Print Version-EP EHR Incentive Program (Ind)

**Page 3**

### Participation

7. Given your understanding of the current version of the proposed rule, which EHR incentive program do you plan to participate in? \*

Please note that you may only participate in one program – the Medicare EHR Incentive Program or the Medicaid EHR Incentive Program.

☐ Medicare

☐ Medicaid

☐ Neither

## Print Version-EP EHR Incentive Program (Ind)

Page 4

### Medicaid Participation Categories

If you previously indicated that you would be participating in the Medicaid EHR Incentive Program answer questions 8 through 11, otherwise skip to question 12.

8. Which of the following eligible professional types best describes you?\*

☐ Physician

☐ Dentist

☐ Nurse Practitioner

☐ Certified Nurse Midwife

☐ Physician Assistant practicing predominantly in a Federally Qualified Health Center or Rural Health Clinic (FQHC/RHC) directed by a physician assistant

9. Do you provide 90% or more of your professional services in a hospital-based setting?\*

Note: Hospital-based providers are not eligible for the program. Hospital-based providers are defined as providers who provide 90% or more of their services in a hospital-based setting (i.e. place of service on physician claims: 21 - Inpatient Hospital, 22 - Outpatient Hospital or 23 -Emergency Room, Hospital).

☐ Yes ☐ No

10. Of your total patient encounters, are 30% or greater from Medicaid patients (20% or greater if you are a pediatrician)?\*

Note: Eligible professionals are required to meet Medicaid patient volume thresholds in order to qualify for an incentive payment.

To calculate your Medicaid patient volume, select a 90 day period and use the total number of Medicaid encounters as the numerator and total number of patient encounters as the denominator to determine the percentage.

In the case of professionals practicing predominately at FQHCs and RHCs, use needy individual encounters rather than Medicaid patient encounters. Needy individuals are those receiving medical assistance from Medicaid or the Children's Health Insurance Program, individuals furnished uncompensated care by the provider, or individuals furnished services at either no cost or reduced cost based on a sliding scale determined by the individual's ability to pay.

☐ Yes ☐ No

11. What year do you plan to begin participation in the Medicaid EHR incentive program? \*

☐ 2010

☐ 2011


☐ 2012

☐ 2013

☐ 2014

 2015

 2016

 No plan to participate

## Print Version-EP EHR Incentive Program (Ind)

Page 5

### Non-Participation Categories

12. Why are you not planning on participating in the Medicaid EHR Incentive Program? Check all that apply.\*

☐ Plan to participate in the Medicare EHR incentive program

☐ Will not meet patient volume requirements

☐ Will not meet certified EHR technology requirements

☐ Will not meet Meaningful Use requirements

☐ Not enough known about Meaningful Use requirements

☐ Not interested in EHR

☐ Return-on-investment concerns

☐ Other, please specify

If you previously indicated that you would be participating in the Medicare EHR Incentive Program answer questions 13 and 14, otherwise skip to question 15.

## Print Version-EP EHR Incentive Program (Ind)

Page 6

### Medicare Participation Categories

13. You indicated that you plan to participate in the Medicare EHR incentive program. Which of the following classifications best describes you?\*

- ☐ Doctor of Medicine or Osteopathy
- ☐ Doctor of Dental Surgery or Dental Medicine
- ☐ Doctor of Podiatric Medicine
- ☐ Doctor of Optometry
- ☐ Doctor of Chiropractor

14. What year do you plan to begin participation in the Medicare EHR incentive program? \*

- ☐ 2010
- ☐ 2011
- ☐ 2012
- ☐ 2013
- ☐ 2014
- ☐ 2015
- ☐ 2016
- ☐ No plan to participate

## Print Version-EP EHR Incentive Program (Ind)

Page 7

### EHR Information

DHS is asking questions about EHR technology regardless of participation in the incentive program to capture data to assist with the State-level HIE Planning Project.

15. Do you currently use EHR technology in your practice? \*

☐ Yes ☐ No

\* EHR is defined by DHS as an electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.

If you previously indicated that you currently use EHR technology in your practice answer questions 16 through 21, otherwise skip to question 22.



## Print Version-EP EHR Incentive Program (Ind)

**Page 8**

### EHR Vendors

16. What EHR product vendor(s) are you using? Check all that apply. \*

- ☐ Cerner Corporation (ex. PowerChart/PowerWorks)
- ☐ CPSI (ex. Medical Practice)
- ☐ eClinicalWorks(ex. eClinicalWorks Electronic Health Record)
- ☐ Eclipsys Corporation (ex. Sunrise)
- ☐ Epic Systems Corporation (ex. EpicCare)
- ☐ GE Healthcare (ex. Centricity)
- ☐ Marshfield Clinic (ex. CattailsMD)
- ☐ McKesson Corporation (ex. Horizon Ambulatory Care or Practice Partner)
- ☐ MEDITECH (ex. MAGIC)
- ☐ MedPlus (ex. Care360 Physician Portal)
- ☐ NextGen (ex. NextGen EHR)
- ☐ Quadramed Corporation (ex. Computerized Patient Record-CPR)
- ☐ Siemens Medical Solutions (ex. INVISION Clinicals)
- ☐ Other, please specify

## Print Version-EP EHR Incentive Program (Ind)

**Page 9**

### EHR Product Detail

17. What product and version are you using?\*

	■
	■

18. Which of the following EHR components have you implemented? Check all that apply.

- ☐ Patient portal
- ☐ Clinical Decision Support (CDS)
- ☐ Computerized Physician Order Entry (CPOE)
- ☐ Reporting (e.g. Quality Performance Measurement)

19. Please provide any additional information on your EHR, such as information on capabilities and functions.

	■
	■

20. Given your understanding of the proposed rule, do you believe this EHR product currently meets the ONC definition of a certified EHR.\*

☐ Yes ☐ No

21. Do you plan to upgrade from the currently EHR product in use?\*

☐ Yes ☐ No

## Print Version-EP EHR Incentive Program (Ind)

**Page 10**

### EHR Acquisition

22. Do you plan to acquire EHR technology?\*

☐ Yes ☐ No

23. If yes, what year do you plan to acquire EHR technology?

☐ 2010

☐ 2011

☐ 2012

☐ 2013

☐ 2014

☐ 2015

☐ 2016

24. Would you need technical assistance to research or adopt EHR technology?

☐ Yes ☐ No

## Print Version-EP EHR Incentive Program (Ind)

**Page 11**

### Additional Information

25. Please provide any additional information that may be relevant to your participation in the Medicaid or Medicare EHR Incentive Program.

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26. The Department of Health Services will keep individual survey results confidential and will only use the data for its internal business purposes related to advancing the goals of the Wisconsin EHR incentive program and the Wisconsin Relay of Electronic Data for Health project. The Department of Health Services will use the data collected to assess the impact of the notice of proposed rules for Meaningful Use released by CMS and eligible professionals' readiness to participate in the incentive program. No survey data will be shared with commercial vendors.

☐ I authorize the Department of Health Services to share my survey responses with DHS' partner organizations to facilitate the planning efforts of State and federally funded projects advancing the use of health information technology.

☐ I authorize the Department of Health Services to seek my permission to release my survey responses under certain mutually agreeable circumstances.

